Fill in this information to	o identify your case:	
Debtor 1	Kenneth Poole	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number 13-	50720	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	4/01/2017 MM / DD/ YYYY
0 - 1 1 - 1 - 1	.,	

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	caseworker	
	Include part-time, seasonal, or self-employed work.	Employer's name	Social Security Admin	
	Occupation may include student or homemaker, if it applies.	Employer's address	200 N High St Columbus, OH 43215	
		How long employed th	nere? 18 years	_
Par	t 2: Give Details About Mor	nthly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2. 6,179.33 N/A deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 N/A Calculate gross Income. Add line 2 + line 3. 6,179.33 N/A

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Kenneth Poole		Ca	ase number (<i>if kr</i>	iown)	13-5	0720		
					For Debtor 1		For	Debtor 2	or	ı
				•	or Deptor 1			i-filing spo		
	Cop	by line 4 here	4.	9	6,179	.33			N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	1,372	2.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	9		3.79	—		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	9	6	0.00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.	9	<u> </u>	0.00	\$		N/A	
	5e.	Insurance	5e.			0.04	—		N/A	5
	5f.	Domestic support obligations	5f.	9		0.00			N/A	
	5g.	Union dues FEGLI \$25.02; extra tax withhold	5g.	4		1.58	- ^Ф —		N/A	
	5h.	Other deductions. Specify: needed \$200	5h				+ \$_		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,675	.43	_ \$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,503	.90	\$_		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	9			\$		NI/A	
	8b.	Interest and dividends	8b.	,		0.00 0.00	- :		N/A N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a depe		4	,	.00	- Ψ_		IN/A	
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		9	: .	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.			0.00	- : —		N/A	
	8e.	Social Security	8e.	9		0.00			N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant you receive, such as food stamps (benefits under the Supplement Nutrition Assistance Program) or housing subsidies. Specify:		9	5 (0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	9		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	S	0.00	_ + \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	C	0.00	\$_		N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$	<u> </u>	3,503.90	+ \$		NI/A -	\$	2 502 00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. φ		3,503.90	, T Ψ		N/A =	Φ —	3,503.90
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in <i>Sch</i> ude contributions from an unmarried partner, members of your householder friends or relatives. not include any amounts already included in lines 2-10 or amounts that a scify:	d, your deper					Schedule J 11. +		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Schedules and Statistical Summary of lies						12.	ß	3,503.90
12	Do.	you expect an increase or decrease within the year after you file this	s form?					_	ombir nonthly	ned y income
13.	■	you expect an increase or decrease within the year after you file this No.) IUIIII (
	_	Yes. Explain:								

Fill	in this information to identify ye	our case:					
Deb	otor 1 Kenneth Poo	ole			Chec	k if this is:	
						An amended filing	
	otor 2 ouse, if filing)						ving postpetition chapter the following date:
` '	• • •					4/01/2017	
Unit	ted States Bankruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO		1	MM / DD / YYYY	
	se number 13-50720 (nown)						
	#:-:-I F 400 I						
	fficial Form 106J						
	chedule J: Your			- Ellis or 4 s or 4h s or he	-41		12/15
info	as complete and accurate as ormation. If more space is ne mber (if known). Answer eve	eded, atta	ich another sheet to this t				
Par		ehold					
1.	Is this a joint case?						
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 live	in a separ	ate household?				
	□ No						
	☐ Yes. Debtor 2 mu	st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	or 2.	
2.	Do you have dependents?	■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
							☐ Yes
							☐ Yes
3.	Do your expenses include		No				
	expenses of people other to yourself and your dependent	han _	Yes				
		111.5:					
	t 2: Estimate Your Ongoi			thin # thin fo			
exp	timate your expenses as of y penses as of a date after the plicable date.						
	lude expenses paid for with						
	value of such assistance an ficial Form 106l.)	d have in	cluded it on Schedule I: Y	our Income		enses	
(,						
4.	The rental or home owners payments and any rent for the			nclude first mortgage	4. \$		1,810.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner'	s, or rente	's insurance		4b. \$		0.00
	4c. Home maintenance, re	•			4c. \$		25.00
E	4d. Homeowner's associa			mo oquity loca-	4d. \$ 5. \$	-	20.00
5.	Additional mortgage paym	enis tor y	ישכ residence, such as hol	ne equity loans	o. \$		0.00

ebtor 1	Kenneth Poole	Case number (if known)	13-50720
. Utili	ities:		
. O tili 6a.	Electricity, heat, natural gas	6a. \$	300.00
6b.	Water, sewer, garbage collection	6b. \$	40.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	70.00
6d.	Other. Specify:	6d. \$	0.00
	d and housekeeping supplies	7. \$	250.00
	dcare and children's education costs	8. \$	
		9. \$	0.00
	thing, laundry, and dry cleaning	·	10.00
	sonal care products and services	10. \$	50.00
	lical and dental expenses	11. \$	50.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	175.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	ritable contributions and religious donations	14. \$	
	irance.	14. ψ	0.00
	nance. not include insurance deducted from your pay or included in lines 4 or 20.		
	. Life insurance	15a. \$	0.00
	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	59.00
	Other insurance. Specify:	15d. \$	
		13u.	0.00
Spe	•	16. \$	0.00
	allment or lease payments:	47 6	
	Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$	0.00
	er payments you make to support others who do not live with you.	\$	0.00
Spe	cify:	19.	
. Oth	er real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Your Income.	
20a	. Mortgages on other property	20a. \$	0.00
20b	. Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
. Oth	er: Specify:	21. +\$	0.00
. Cal	culate your monthly expenses		
22a	. Add lines 4 through 21.	\$	2,859.00
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	·
22c.	Add line 22a and 22b. The result is your monthly expenses.	\$	2,859.00
	culate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,503.90
23b	Copy your monthly expenses from line 22c above.	23b\$	2,859.00
23c.	Subtract your monthly expenses from your monthly income.		044.00
	The result is your monthly net income.	23c. \$	644.90
For e	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your flication to the terms of your mortgage?		ease or decrease because c
	lo.		
П\			
L Y	Ea LADIGITION.		